PTO/SB(08 (12-04) 08: OMB 0051-0032

U.S. Pelent and Trad Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of Inform es l'appropra ve PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-675 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Calumn 2) SIMILE ENTITY OR. FOR 4200 HUNBER FILED MUMBER EXTRA RATE (I) REE (D) BASIC FEE RATE (I) FEE (1) 67 CFR 1,3600), (b), or (c)) SEARCH FEE EXAMINATION FEE GR OFR 1.10(0), (9), or (0) TOTAL CLASS. 67 CFR 1.18(0) INDEPENDENT CLAMS D7 CFR 1.10(N) × APPLICATION SIZE is of paper, the application size fee due is \$260 (\$125 for small entity) for each additional 50 sheets or fraction thereof. D7 CFR 1.10(s) 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (07 CFR 1.146) If the difference in column 1 is less than pero, enter "I" in column 2. 299 TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN SMALL ENTITY (Cotumn 2) (Cotumn 3) OR SMALL ENTITY HIGHEST PRESENT RATE (1) ADDI-TIONAL PEE (1) AFTER ADDI RATE (S) PAID FOR PEE (I) CR OR Sizo Fee (37 CFR 1.18(e)): FIRST PRESENTATION OF MATIPLE DEPENDENT CLASS (ST CFR. L. MO) YOTAL ADD'L FEE TOTAL ADD'L PEE (Column 3) CLAMS HIGHEST MANBER REVIOUSLY REMANDIO PRESENT RATE (1) ADDI: RATE (8) ADOL TIONAL FEE (1) PAID FOR FEE (S) OR. 260. OR 6 Size Fee (37 CFR 1:18(a)) FIRST PRESENTATION OF MALTIPLE OGPENDENT CLAIM - GIT CFR 1.14(0) 3100 TOTAL ADDL FEE TOTAL ADOL FEE "If the unity in column 1 is tests then the entry in column 2, wide-"O" in polymers 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

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This collection of information is required by \$7 CFR 1.18. The information is required to obtain or retain a barrett by the public which is to file (and by the USPTO to process) an application. Condemnably is governed by \$6 USE. 122 and \$7 CFR 1.14. The collection is estimated to take 12 influence to complete, anchoing gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the influence care. Any community on the amount of lines you require to complete the term uniter suggestions for reducing this burden, whould be sent to the Chief information Office, U.S. Department of Community, P.O., Sox 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450. OR.